

City of St. Helens

Application for Extension of Time

Applicant Name(s):	File number of original land use application for which an extension of time is requested:
Applicant Mailing Address:	Property Owner Name (s) & Mailing Address:
Applicant E-mail Address:	Property Owner E-mail Address:
Applicant Telephone No.:	Property Owner Telephone No.:

PROJECT INFORMATION

Assessor's Map & Tax Lot No.: <i>See your property tax statement</i>	Site Address: <i>Street name if # not assigned</i>
Grounds for Extension Request (pursuant to applicable Development Code Chapter):	

Attach the following:

1. Responses to applicable criteria (per Community Development Code)
2. Required drawings, maps, etc. (per Community Development Code)
3. Proof of ownership or authority to make application (i.e. tax assessor record or title)
 - a. **All** property owners must sign the subject land use application; **or**
 - b. Submit a signed power of attorney; or
 - c. Submit a note signed by all the property owners giving one person authorization to act on their behalf.

I hereby certify under penalty of perjury and false swearing that the information I have provided is true and correct and further that I am the sole owner of the property identified herein or I am authorized by ALL the owners to make this application and proof of said authorization is attached (see #3 above).

Applicant(s) Signature

Date Signed

Property Owner(s) Signature

Date Signed

In accordance with the Development Code, the allowable extensions and applicable chapters are as follows:

1 extension, 1 year maximum:

- Ch. 17.44 Sensitive Lands
- Ch. 17.84 Access, Egress, Circulation Variance
- Ch. 17.100 Conditional Use
- Ch. 17.108 Variance
- Ch. 17.124 Accessory Structures
- Ch. 17.132 Tree Removal
- Ch. 17.148 Planned Development Plat

2 one-year extensions, 2 years maximum:

- Ch. 17.136 Subdivisions

1 six-month extension:

- Ch. 17.96 Site Development
- Ch. 17.140 Partition/Lot Line Adjustment

1 extension, 90 days maximum:

- Ch. 17.88 Signs

FOR OFFICE USE ONLY

Pre-Application Conference Date:	Fee Amount Paid:
Date Received:	Receipt No.:
Application Type:	File No.: